

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/671,461 FILING DATE 9-27-00
APPLICANT(S)

7-22-03 12-15-04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1							51				
2	1		1		1		52				
3							53				
4	1		1		1		54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11	1		1		1		61				
12	1		1		1		62				
13	1		1		1		63				
14	1		1		1		64				
15			1		1		65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2	2	2	2			TOTAL IND.				
TOTAL DEP.	4	6	6	12			TOTAL DEP.				
TOTAL CLAIMS	7	8	8	14			TOTAL CLAIMS				